

**STOP PAYMENT REQUEST****OSUP/F4****R11/15/04****FOR OSUP USE****Stop Payment Date:****FOR AGENCY USE**

PERSONNEL AREA NO.

AGENCY NAME

**ACCOUNT NUMBER**  
**1571658333**

CHECK NO.

NET AMOUNT

CHECK DATE

\$

**REQUIRED SIGNED  
ATTACHMENT**

PAYEE NAME (PRINT LAST NAME, FIRST NAME)

REASON FOR STOP PAYMENT (CIRCLE ONE)

☐ EMP NEVER REC'D☐ EMP REC'D & LOST☐ EMP REC'D & DESTROYED☐ OSUP/F5

OTHER \_\_\_\_\_

**ENDORSED?**☐ NO☐ YES

If Endorsed,

HOW? (Circle one)

☐ FOR DEPOSIT ONLY☐ SIGNATURE ONLY

OTHER

AUTHORIZED SIGNATURE

DATE

PRINT AUTHORIZED NAME

TELEPHONE NO.

( )

**FOR OSUP USE****PRIOR STMT ?**☐ NO☐ YES☐ Check Outstanding☐ Statement Not Received

Bank Statement Dated

Approved By

**BANK INFORMATION (ONE CONNECTION)****CONFIRMATION STATUS**☐ Outstanding☐ Paid

Date Paid:

If Paid:

CD Image Printed

Photocopy Requested

**COMMENTS**☐ AGED OUTSTANDING CHECK